



we run orange county's kids

Training Orange County's Youth to go the Distance

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

In order for a student to participate in the We Run Orange County's Kids (**WeROCK**) marathon training program, he/she must have a current *Physical Screening & Physician Authorization Form* (the Form) on file in the **WeROCK** office. The Form must include approval from a licensed physician for the student to participate in the program and must indicate that the physician completed a physical examination of the student within the most recent 30 days. The deadline for submitting the Form to the **WeROCK** office is November 11, 2016. Students without the Form on file as of this date will not be allowed to continue with the program for the remainder of the 2016-2017 season.

In order for the *Physical Screening & Physician Authorization Form* to be acceptable, the Form must be completed, in its entirety, by the parent/guardian and by the licensed physician, and must include the date of the examination, the physician's signature, and a stamp from the doctor's office or clinic where the examination was completed.

WeROCK also strongly recommends that all participants have an EKG test completed prior to participation in the marathon training program. Completion of an EKG will be left to the decision of the parent/guardian of the participant, and to the participant's licensed physician, with the physician advising the parent/guardian on the risks of participating in the program without an EKG being completed.

Please print:

Name of Student _____ Date of Birth _____

Mother's Maiden Name _____

Father's Name _____

I hereby authorize medical information about the above named student to be released to We Run Orange County's Kids (**WeROCK**) and to be retained in their offices as part of their permanent records. I understand that this medical information is to be released to **WeROCK** for the purpose of determining that the student is physically fit and able to participate in the **WeROCK** marathon training program, and that **WeROCK** will keep the information confidential. I also authorize any licensed physicians affiliated with **WeROCK** to review the Form as part of the determination process.

Specific information to be released to, and held by, We Run Orange County's Kids:

- Pre-participation Physical Screening & Physician Authorization Form
- Pre-participation Release of Medical Information Form with recommendation of EKG test

EKG opt-out:

I have discussed the risks involved with participation in a marathon training program with a licensed physician and I understand the risks. *Please circle one:*

I will provide an EKG report

I will NOT provide an EKG report

This authorization shall be effective immediately and shall be valid until September 1, 2017.

Signed _____ Date _____
Parent/Guardian (or Participant if 18 years of age or older)

Relationship to Participant _____

Note: Pursuant to the Family Educational Rights and Privacy Act of 1974, this information will be made available, upon request, to the parent or pupil age 18 or older. This information will be handled in accordance with HIPAA regulations.

THIS IS NOT A SCHOOL DISTRICT SPONSORED EVENT
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